



USE OF NAME AGREEMENT "WESTERN STYLE DRESSAGE"

(PRINT AND COMPLETE TWO COPIES OF THIS FORM. MAIL BOTH TO WSDAC FOR THEIR DIRECTORS' SIGNATURES. ONE ORIGINAL DOCUMENT WILL BE RETAINED BY WSDAC, ONE ORIGINAL DOCUMENT WILL BE RETURNED FOR YOUR FILES)

We, the Directors of the Regional Chapter named:

Mailing address: _____

Agree to the provision outlined below regarding a *Change of Regional Chapter* name should this chapter become disassociated with WSDAC for any reason.

We acknowledge that, according to the Articles of Incorporation of the Western Style Dressage Association of Canada, the words or phrase "Western Style Dressage" is registered for the sole use of the Western Style Dressage Association of Canada and can be used by this and other organizations only by express written permission of the Western Style Dressage Association of Canada (WSDAC). I agree that if we use the words or phrase "Western Style Dressage" in our Chapter name, and **if at any time this Chapter is not recognized by WSDAC, either because we choose to disassociate from WSDAC or for failing to be in good standing with WSDAC, then the name of the Chapter will be changed** and the words or phrase "Western Style Dressage" cannot and will not be a part of the new name or be used as part of any literature, advertising or any other written material issued by the new organization or any other means of communication including but not limited to articles in ezines, magazines, names of events, clinics, shows or demonstrations of horses trained in the context of Western Style Dressage.

I understand that **if the name of the Chapter is not changed in accordance with this agreement, that legal action can and will be taken against this organization or individual persons therein.**

Acknowledged and agreed to by the Regional Chapter Directors:

Name: (print) _____ Signature: _____ Date: _____

Name: (print) _____ Signature: _____ Date: _____

Name: (print) _____ Signature: _____ Date: _____

Witnessed by: _____ Signature: _____ Date: _____

Accepted and acknowledged by WSDAC Directors:

Name: (print) _____ Signature: _____ Date: _____

Name: (print) _____ Signature: _____ Date: _____

Witnessed by: _____ Signature: _____ Date: _____